# AN OVERVIEW: HEALING LIVES, FAMILIES, AND COMMUNITIES

Millions of Americans have substance use disorders. Millions more people live in households with people who have had problems with alcohol or drugs.<sup>1</sup> As many as 63 percent of Americans say that addiction to alcohol or other drugs has had an impact on them at some point in their lives, whether it was the addiction of a friend or family member or another expe-



As the director of the Treatment Systems Section at the Treatment Research Institute in Philadelphia, I am able to impact the substance

abuse field in a way I never thought would be possible. Until I stopped using drugs and alcohol, I wasn't able to even finish a college semester. Twenty years ago, broke and addicted, I received federally subsidized outpatient substance abuse treatment. I could attend individual counseling sessions for only \$5 and group counseling for just \$3.50, and I was able to get sober because of it. I went on to college, got my Ph.D., and in my career, I'm able to spend time trying to increase the quality, effectiveness, and availability of substance abuse treatment. For me, it's time to stop worrying that being open about my recovery could harm my job opportunities. The public knows that people abusing drugs and alcohol do stupid things. What they won't see if we don't show them, is that people in recovery can go on to do amazing things. Treatment can work-people do changeand we should let our voices be heard.

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rience, such as their own personal addiction.<sup>2</sup> In addition, the 2003 *National Survey on Drug Use and Health* shows that serious mental illness was highly correlated with substance dependence or abuse in 2003.<sup>3</sup>

Dependence on and abuse of alcohol and illicit drugs, which include nonmedical use of prescription-type drugs, are defined using the American Psychiatric Association's criteria specified in the *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition (DSM-IV). Dependence reflects a more severe substance problem than abuse; individuals are classified with abuse of a particular substance only if they are not dependent on that substance.

But there is hope, because like other chronic mental disorders, substance use disorders are medical conditions that can be treated effectively.5 To enable more people living with these disorders to get help, there is a need to improve assessment and referral services, increase access to treatment, change insurance coverage practices that handle substance use disorder treatment differently than the treatment of other medical disorders, and support ongoing recovery. The following overview outlines the impact of substance use disorders in our society and discusses ways to help people receive treatment or other services that can heal lives, families, and communities nationwide.



National Alcohol
& Drug Addiction
Recovery Month

### **Impact of Substance Use Disorders**

Substance use disorders are a major public health problem in the United States.

- In 2003, an estimated 21.6 million Americans were classified with substance dependence or abuse.6
- An estimated 19.5 million Americans were current users of illicit drugs in 2003, meaning they had used an illicit drug at least once during the month prior to being interviewed.<sup>7</sup>
- About 54 million Americans in 2003 said they had participated in binge drinking (5 or more drinks on the same occasion) at least once in the last 30 days. A "drink" is defined as a can or bottle of beer, a glass of wine or a wine cooler, a shot of liquor, or a mixed drink with liquor in it.<sup>8</sup>
- Nearly 16.1 million said they were heavy drinkers (had 5 or more drinks on the same occasion on at least 5 days during the past month).9

The cost of treating alcohol and drug use in the United States was estimated at more than \$294 billion in 1997.<sup>10</sup> This does not include costs related to the burden of substance use disorders, such as the impact on developing children, worker productivity, a person's ability to hold a job, costs due to drug-related crime, or the need for housing and other accommodation subsidies.<sup>11, 12</sup>

Substance use disorders do not only affect those in need of treatment. Of the 63 percent of Americans affected by substance use disorders, 72 percent are affected by the disorder of a family member.<sup>13</sup> Thus, helping one person achieve recovery from a substance use disorder through effective treatment programs and other support services can improve many lives.

### **Assessment and Referral to Treatment Are Vital**

Substance use disorders are medical conditions that can be effectively treated, just as mental disorders are treatable. Yet it is important to understand the distinction between recovery and treatment. Recovery, the process of initiating and maintaining abstinence from alcohol or other drug use, frequently requires multiple episodes of treatment. For many, treatment involves multiple interventions and attempts at abstinence, and treatment can occur in a variety of settings, in many different forms, and for different lengths of time. Treatment of both mental and substance use disorders can help prevent the exacerbation of other health problems, according to the Substance Abuse and Mental Health Services Administration's (SAMHSA's) *Report to Congress on the Prevention and Treatment of Co-occurring Substance Abuse Disorders and Mental Health Disorders.* 

In recent decades, the United States has created programs designed to reduce or eliminate the threat of substance use disorders. Many of these programs continue to progress and are showing encouraging results.<sup>18</sup>

A major study published in the *Journal of the American Medical Association* in 2000 is one of several studies that have demonstrated the effectiveness of treatments for substance use disorders. The study found that treatments for substance use disorders are as effective as treatments for other chronic conditions, such as high blood pressure, asthma, and diabetes.<sup>19</sup>

A comprehensive referral system is needed to ensure that people who need treatment will be identified and assessed for treatment at every opportunity. Every health care professional and other provider should be able to diagnose and refer patients to treatment for substance use disorders.<sup>20</sup>

To help health care providers and other professionals assess and refer people to appropriate treatment, the National Center on Substance Abuse and Child Welfare (NCSACW) offers training materials on such topics as how to identify families involved in the child welfare system as a result of parental addiction. For more information, visit www.ncsacw.samhsa.gov/resources.asp.

In addition, the Child Welfare League of America has a number of relevant publications that can be ordered online at www.cwla.org/pubs/default.htm.

# Access to Treatment: Having a Place to Go to Get Help

Once people living with substance use disorders begin to seek help, the appropriate information and avenues for treatment and support services need to be available to them. Many people in need of recovery have difficulty obtaining the treatment that can help them rejoin their families, succeed in their jobs, and re-establish their lives in their communities. For example, in 2003, 20.3 million Americans in need of treatment did not receive it.<sup>21</sup> Barriers they cited to receiving treatment included:

- Not being ready to stop using alcohol or drugs (41.2 percent)
- Cost or insurance barriers (33.2 percent)
- Reasons related to stigma (19.6 percent)
- Not feeling the need for treatment (at the time) or feeling they could handle the problem without treatment (17.2 percent)<sup>22</sup>



It all started when I was a child; my father, though a great provider, was an alcoholic. Familiar with alcohol and chaos, I married a dealer

who introduced me to drugs as our status changed to the finest homes, cars, and education money could buy. Exaggerated attention and prestige moved me to a distorted perception of myself and my life began to spiral out of control. Before it was over I attempted suicide, then went to prison for a probation violation. As my addiction progressed and I couldn't find work anymore, I found myself out on the streets for days looking for drugs. I entered treatment three times, only to relapse weeks after discharging. An agonizing 20 years seeking emotional relief from crack cocaine, 3 children and a divorce later, I surrendered to win at the Star of Hope. The one thing I still had was my mother's faith. She taught us to rise above not with our own strength, but to rely on the power of the Lord. I believe that any person can become an addict, but no matter what circumstances lead to addiction, recovery is possible.

#### **Lionese Robinson**

Assistant to the Director Star of Hope Men's Center To help overcome some of these barriers, President Bush's *Access to Recovery* (*ATR*) grant program, administered by SAMHSA, is working to increase an individual's access to treatment. This program gives recipient states, territories, the District of Columbia, and tribal organizations broad discretion to design and implement federally supported voucher programs to pay for a range of effective, community-based substance use disorder clinical treatment and recovery support services. By providing vouchers to people in need of treatment, the grant program promotes individual choice for addiction treatment and recovery services. It also expands access to care, including access to faith- and community-based programs, and increases substance use disorder treatment capacity.

# **Coverage of Treatment for Substance Use Disorders**

Making treatment affordable and helping people with substance use disorders achieve recovery through affordable treatment is an important component of the nation's health care agenda. Investing in treatment is worthwhile: For every \$1 invested in treatment, there is a return of between \$4 and \$7 in reduced drug-related crime and criminal justice costs. When savings related to health care are included, total savings can exceed costs by a ratio of 12 to 1.<sup>23</sup>

Yet the national investment in treatment has not caught up with the need for such services, and 40 percent of people who received specialty treatment for an illicit drug use disorder in 2003 reported using their own savings or earnings as a source of payment for their most recent specialty treatment. A person can receive specialized treatment at a drug or alcohol rehabilitation center (impatient or outpatient), hospitals (inpatient services only), and mental health centers. Other payment sources included private health insurance, Medicaid, and public assistance other than Medicaid.<sup>24, 25</sup>

As many as 14.9 million people who have substance use disorders are employed, making the workplace an ideal venue for providing affordable treatment options. To help combat these disorders, employers can consider offering private health insurance plans that treat substance use disorders just as they treat other chronic medical conditions.





## Recovery Heals Lives, Families, and Communities

People recovering from substance use disorders, their families, friends, and communities can all benefit from the healing that can occur when an affected person begins a path to recovery. When individuals who are dependent or addicted participate in treatment, they report that they have significantly reduced their alcohol and other drug use, and experienced increases in employment and income; improvements in mental and physical health; decreases in homelessness; and decreases in behaviors that put them at risk for HIV/AIDS infections, one year after treatment.<sup>27</sup> Getting people with substance use disorders into treatment programs and providing access to other support services is the first step toward healing lives, families, and communities.

For additional *Recovery Month* materials, visit our Web site at *www.recoverymonth.gov* or call 1-800-662-HELP.

#### Sources

- 1 Grant, B. Estimates of U.S. children exposed to alcohol abuse and dependence in the family. *American Journal of Public Health*, 90 (1), Washington, D.C.: American Public Health Association, January 2000, pp. 112-115.
- 2 Faces & Voices of Recovery Public Survey. Washington, D.C.: Peter D. Hart Research Associates, Inc., and Coldwater Corporation, May 4, 2004, p. 1.
- 3 Results from the 2003 National Survey on Drug Use and Health: National Findings. DHHS Publication No. (SMA) 04-3964. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies, September 2004, p. 76.
- 4 ibid, p. 57.
- 5 Pathways of Addiction: Opportunities in Drug Abuse Research. National Academy Press. Washington, D.C.: Institute of Medicine, 1996.
- 6 Results from the 2003 National Survey on Drug Use and Health: National Findings, p. 4.
- 7 ibid, p. 1.
- 8 ibid, pp. 2, 25.
- 9 ibid, p. 2.
- 10 Coffey, R.M., et al. National Estimates of Expenditures for Substance Abuse Treatment, 1997. DHHS Publication No. (SMA) 01-3511. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment, Medstat Group, February 2001, section entitled "Key Findings."
- 11 ibid, section entitled "Scope of the Study."
- 12 Fitzgerald, H.E., Sullivan, L.A., Ham, H.P., Zucker, R.A., Bruckel, S., et al. Predictors of behavior problems in three-year-old sons of alcoholics: Early evidence for the onset of risk. *Child Development*, 64, Ann Arbor, MI: Society for Research in Child Development, 1993, pp. 110-123.
- 13 Faces & Voices of Recovery Public Survey, p. 1.
- 14 Pathways of Addiction: Opportunities in Drug Abuse Research.
- 15 Principles of Drug Addiction Treatment: A Research-Based Guide. NIH Publication No. 00-4180. Bethesda, MD: U.S. Department of Health and Human Services, National Institutes of Health, National Institute on Drug Abuse, printed October 1999/reprinted July 2000, pp. 5, 13-15.
- 16 Daley, D.C., Marlatt, G.A. Relapse prevention: Cognitive and behavioral interventions. Substance abuse: A comprehensive textbook, Lowinson, Ruiz, Millman, Langrod (editors), 1992, pp. 533-542.
- 17 Report to Congress on the Prevention and Treatment of Co-occurring Substance Abuse Disorders and Mental Disorders. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, 2002, p. ix.
- 18 Haack, M.R. and Adger, H. (editors). Strategic Plan for Interdisciplinary Faculty Development: Arming the Nation's Health Professional Workforce for a New Approach to Substance Use Disorders. Providence, RI: Association for Medical Education and Research in Substance Abuse (AMERSA), September 2002, p. 1.
- 19 Kleber, H.D., O'Brien, C.P., Lewis, D.C., and McLellan, A.T. Drug dependence, a chronic medical illness: Implications for treatment, insurance, and outcomes evaluation. *Journal of the American Medical Association*, 284 (13), Chicago, IL: American Medical Association, October 4, 2000, p. 1689.
- 20 Position Paper, Managed Care and Public Sector Agencies. Arlington, VA: National Association of Alcohol and Drug Abuse Counselors, 1990: NAADAC Web site: www.naadac.org/pstnst.htm, August 1999.
- 21 Results from the 2003 National Survey on Drug Use and Health: National Findings, p. 5.
- 22 ibid
- 23 Principles of Drug Addiction Treatment: A Research-Based Guide, p. 21.
- 24 Coffey, R.M., et al. National Estimates of Expenditures for Substance Abuse Treatment, 1997, section entitled "Key Findings."
- 25 Results from the 2003 National Survey on Drug Use and Health: National Findings, p. 70.
- 26 ibid, p. 62.
- 27 Dean R. Gerstein, et al. *The National Treatment Improvement Evaluation Survey: Final Report.* Chicago, IL: National Opinion Research Center, University of Chicago, March 1997, section entitled "Conclusion."